

Commonwealth of Massachusetts  
Division of Health Care Finance and Policy  
2008 Nursing Services Cost Report Instructions

Massachusetts Division of Health Care Finance and Policy

NURSING SERVICES COST REPORT INSTRUCTIONS, 2008

The Division of Health Care Finance and Policy will use the Nursing Services Cost Report ("NSR Report") to establish rates for temporary nursing agencies (TNS), home health agencies (HHA), and continuous skilled nursing providers (CNS). Once filed with the Division, these reports become public documents and will be provided upon request to any interested party.

**PLEASE NOTE: The NSR cost report filing will NOT BE CONSIDERED COMPLETE until the completed and signed Owner's Certification Statement and relevant financial data have been received.**

**In addition, the NSR cost report filing will NOT BE CONSIDERED COMPLETE until any and all additional documentation requested by Division staff has been provided to the satisfaction of Division staff.**

**Agencies that fail to file required data with the Division will be subject to penalties in accordance with Division regulations 114.3 CMR 45.00, 114.3 CMR 50.00 and M.G.L. C. 118G.**

**Specifically, if an agency fails to file timely and complete information required by the Division, including cost reports and supporting documentation, the Division will;**

- **Notify the Department of Public Health and request revocation of the Agency's registration (this applies to TNS agencies only),**
- **Reduce the Provider's rates for current services by 5% on the day following the date the submission is due and 5% for each month of non-compliance thereafter. The reduction accrues cumulatively such that the rate reduction equals 5% for the first month late, 10% for the second month late and so on. The rate will be restored effective on the date the cost report is filed (this applies to TNS, HHA & CSN)**
- **The Division may also impose fines on any Agency that fails to submit any information required by the Division. Such fine shall be an amount not to exceed \$500.00.**

**WHO MUST FILE:**

The following businesses must file the NSR report:

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1. All temporary nursing service agencies registered with the Massachusetts Department of Public Health;
2. Any Medicare certified home health agency participating in the MassHealth program that has earned \$50,000 or more in net revenues (gross charges minus contractual allowances) from MassHealth in the fiscal year. Agencies that do not meet the dollar volume threshold must notify the Division in writing by the filing deadline of its exemption from the filing requirement.
3. Any continuous-skilled nursing provider participating in the MassHealth program.

The term "agency" will be used throughout these instructions to refer to all filers noted above.

**Agencies must report using the accrual basis of accounting.**

Multiple site agencies:

A multiple site agency is defined as one with more than one location AND more than one MassHealth provider number. An agency operating from multiple addresses with one MassHealth number is NOT a multiple site agency under this definition.

A parent agency with multiple sites may file a single cost report that includes data for all sites. An agency may, if it wishes, file a separate cost report for each site provided that it documents to the Division the method used and the detail of allocation of any shared expenses. Allocations may be based upon hours billed or revenue received at each site or some other reasonable method. If the Division determines upon review of the submitted data that the allocation was done improperly, it may require the agency to file a single report.

Agencies with other lines of business or with a parent company:

Report information relative to programs other than those listed above in the appropriate sections of the report.

**2. WHAT TO FILE:**

1. Cost Report. Agencies must file with the Division one cost report annually for the fiscal year ended in the year prior to the filing date. If an agency does not have the ability to complete an electronic version of the cost report, we encourage you to visit the Division at 2 Boylston St, Boston, where a staff person will help you file your report electronically. If an agency has a PC without Internet access, you may request a CD with the cost report software by calling the Division at 1-800-609-7232. You may also request a paper copy of the cost report to help you prepare your information prior to filing. The Division strongly

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encourages you to file your cost report electronically, as this results in a more efficient, timely and accurate submission.

- The reporting period should be consistent with financial statements.
- Financial Statements or external verification. Agencies must submit copies of financial statements and other external documentation supporting the accuracy of the data reported on the cost report. Acceptable documentation includes (in descending order of preference):
  - Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant;
  - Copies of tax returns filed with the Internal Revenue Service for the reporting year;
  - A certification from a Certified Public Accountant attesting to the accuracy and validity of the data reported on the cost report. The CPA must not be a related party to the principal owners or partners of the agency.
  - **Only one of the above options is necessary.**
- Reconciliation of any differences between the financial statements and the report. This may be filed as an Excel spreadsheet attached to the electronic filing of the report.
- Upon review of the cost report, the Division may determine that additional information is required from the agency. Such additional documentation will be considered a component of the cost report subject to the same certification delivered with the initial filing data.

Home Health Agency Medicare Cost Report (1728): Home health agencies must submit a complete copy of their Medicare cost report.

PLEASE NOTE: The cost report will NOT BE CONSIDERED COMPLETE until the completed and signed Owner's Certification Statement and relevant financial data (see above) have been received.

In addition, the cost report filing will NOT BE CONSIDERED COMPLETE until any and all additional documentation requested by Division staff has been provided to the satisfaction of Division staff.

**Agencies that fail to file required data with the Division will be subject to penalties in accordance with Division regulations 114.3 CMR 45.00, 114.3 CMR 50.00 and M.G.L. C. 118G.**

**Specifically, if an agency fails to file timely and complete information required by the Division, including cost reports and supporting documentation, the Division will;**

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- **Notify the Department of Public Health and request revocation of the Agency's registration (this applies to TNS agencies only),**
- **Reduce the Provider's rates for current services by 5% on the day following the date the submission is due and 5% for**

**each month of non-compliance thereafter. The reduction accrues cumulatively such that the rate reduction equals 5% for the first month late, 10% for the second month late and so on.**

**The rate will be restored effective on the date the cost report is filed (this applies to TNS, HHA & CSN)**

- **The Division may also impose fines on any Agency that fails to submit any information required by the Division. Such fine shall be an amount not to exceed \$500.00.**

2. Fixed-Term Travel Employee Disclosure Form. Agencies that provided the services of fixed-term travel employees must file this form with the Division annually for the fiscal year ended in the year prior to the filing date. The certification page is an integral part of the filing of this form and, therefore, the filing is not considered complete without the signed and completed certification.

Please note that per regulation, 114.3 CMR 45.00, a Fixed-Term Travel Employee must meet **ALL** three of the following criteria; Employees that (1) work exclusively at a particular health care facility for a specified period of at least 90 days pursuant to a contract between the provider and a Temporary Nursing Agency; (2) must relocate a distance of at least 200 miles and establish a temporary residence for the contract term to work at the contracting provider and (3) incur expenses for temporary accommodations paid by the agency.

**If an agency fails to file a timely and complete Fixed-Term Travel Employee Disclosure Form and Certification, the Division will notify the Department of Public Health and request revocation of such Agency's registration.**

### **3. WHEN TO FILE:**

Agencies must file the cost report, Certification and corresponding financial data no later than **May 29, 2009**. Agencies must file the Fixed-Term Travel Employee Disclosure Form and Certification no later than **May 29, 2009**. Providers may

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request a filing extension for a period not to exceed 15 days (for TNS agencies) or 45 days (for HHA & CSN agencies) if the following criteria are met:

1. The extension request must be submitted in writing to the attention of: Ms. Peg O'Brien, Manager, Intake, Pricing Group. E-mail is an acceptable method to request an extension. Please send your request to [Peg.OBrien@hcf.state.ma.us](mailto:Peg.OBrien@hcf.state.ma.us)
2. The request must demonstrate just cause/circumstances for the filing extension.
3. The written request must be received at the Division by April 30, 2009.

#### **CERTIFICATION BY OWNER, PARTNER OR OFFICER AND PREPARER INFORMATION**

The owner, partner or officer of the agency should read the paragraph regarding the accuracy of the report, list the owner, partner or officer's name and title on the designated lines, and then date it. If a person other than the owner, partner, or officer completes this report, the box with all of the preparer's required information must be completed in the same manner.

The Owner, Partner or Officer accepts the dating of the report and the submission of this data to the Division as certification under the pains and penalties of perjury.

A paper copy of the Certification by Owner is available from the Division or it may be printed from the cost report. It should be submitted to the Division with the tax return, audited financial statements or CPA certificate as indicated below to the address below

#### **4. WHERE TO FILE:**

##### **How to Create the Cost Report Submission File**

After entering and saving all cost report data, go to the menu bar on any schedule and click on the "File" option. From the list of options under "File", click "Create Submission for DHCFP". This will create a small text file on your computer. A screen will then appear, showing you this text file's name and its location on your computer's hard drive.

Send an E-mail to DCHFP at the following e-mail address: [hcf.data@state.ma.us](mailto:hcf.data@state.ma.us), and attach this text file to the email. In the subject line

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enter: NSR 2008 Cost Report. All E-mail software has an option to attach files to E-mails you send. If e-mail is not available to you, please copy the submission file to a diskette or CD and mail it with the required hard copy data to the address below. Please mail all required hard copy documents (e.g. audited financial statements, tax returns etc.) to:

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
ATTN: Jessica McKeage

### **ADDITIONAL INFORMATION**

For assistance in completing this report, or if you need technical assistance, please call the Division of Health Care Finance and Policy at 1-800-609-7232.

You may navigate among the schedules of the NSR Report using the Window button on the task bar and selecting the schedule to which you wish to go.

#### **Cover Screen:**

When the application begins, it will prompt the user to choose the program(s) for which it is reporting. Select the appropriate program(s) in the checkbox.

NOTE: Only the types of agencies listed in "Who Must File" should file the cost report. For instance, if your agency provides home health services but does not participate in the MassHealth program, it need not file the report for that program.

#### **Agency Information:**

All agencies that are required to report to the Division should be listed in the "drop-down" box on the Agency Information page. If your agency is not listed, enter the name manually on the line for "Agency Name". You will be prompted to call the Division to receive a password. This will enable the Division to update its database to ensure appropriate classification for the cost report, once received.

Demographic data: Report all the demographic data as requested.

Multiple Sites: If you are filing for multiple sites on a single cost report, select "Yes" on the right-hand side of the screen where prompted. **Failing to report the multiple site information may cause the Division to presume that some of your sites have failed to file cost reports and prompt mailing of delinquency notices.**

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Program Numbers: For each provider type to be filed, list its Medicaid (MassHealth) provider number.

**Non-Allowable Expenses**

Certain expenses are not allowable and will not be included in the determination of rates. The following expenses are not allowable and should not be reported in any of the data for the HHA, TNS or CNS (PDN) programs on the Nursing Services Report:

- Expenses related to other business activities that are not related to either (1) the provision of temporary nursing services to Massachusetts health care facilities or (2) the provision of home care or continuous nursing services (PDN) by an agency that participates in the MassHealth program.
- Payments to related parties that exceed the lower of the cost to the related party or the price of comparable goods or services that could be purchased elsewhere.
- Penalties and interest incurred because of late payment of taxes, loans or other obligations.
- Fines or penalties paid pursuant to a legal judgment against an agency by a court of last resort.

You should report these items with the other business data in the Summary of Expense schedule of the report. All data submitted by the agency is subject to audit by the Division. The Division may disallow certain expenses if it determines that the cost was not allowable as noted above. Further, the Division may disallow expenses that it determines are excessive or unreasonable based on the price of comparable services that could be purchased elsewhere.

**Schedule 1: Direct Care Staff Expenses**

**NOTE: this table will expand to accommodate the input of multiple types of staff.** This schedule includes expenses for employees that deliver patient care, such as nurses, certified nursing assistants, home health aides, and therapists. Administrative and indirect care expenses should be reported on schedule 2.

- If a person's time is split between direct care, indirect care and/or administrative duties, the agency should allocate the expenses based on hours worked among the appropriate accounts and schedules.
- Include within the appropriate discipline the expense of contractors whose services are billable.

**Use the "Tab" key to scroll across the rows until you reach the final cell. The "Enter" key will then bring you to the next line.**

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1010 - Salaries: Report the base gross wages by staff position. Indicate the type of staff position by selecting the appropriate description from the drop-down menu. Do not include overtime or shift differential payments in the salary column.

1020 – Health/Life Benefits: Report the expenses for the employer share of insurance benefits for direct care workers.

1030 - Payroll Taxes: Report the employer expenses for payroll-related taxes including payments required under the Federal Insurance Contributions Act (FICA), and the Federal/State Unemployment Tax Acts (FUTA/SUTA). Penalties and interest for late payment of taxes are not allowable expenses and should not be reported here.

1040 - Workers Compensation Insurance: Report the expenses for workers' compensation insurance. Report only the amount related to direct care workers (i.e. an allocation may be needed to apportion the cost between direct care and other staff duties).

1050 - Overtime and Shift Differentials: Report the total expense of any differentials for overtime work or for working specific shifts that command differential pay. This item should not include the base pay. For instance an employee who makes \$20.00 per hour, but earns an additional \$5.00 for working second shift, makes a total wage of \$25.00 hour. The \$20.00 is included under account 1010; the \$5.00 is included under account 1050. This provision is optional for those agencies that pay employees on a basis other than hourly for time worked on off shifts.

1060 - Other Benefits: Report the total expense incurred by the employer for additional benefits. Additional benefits may include, but are not limited to, tuition remission, employer match of 401(k) contributions, and pension contributions.

1070 - Travel: Report the total expense for direct care employee travel. Such expenses may include but are not limited to, mileage reimbursement, lodging and travel allowances. The expense must be work-related such as travel to a worksite or training/conference facility.

1080 - Contracted services: Report expenses for any direct care contracted services. The hours related to these contracts should also be reported on schedule 4 (TNS only). **Contractors whose services are billable as direct care and are for a discipline other than those listed in the drop down box should also be included here.**

**Schedule 2: Administrative and Indirect Care Expenses**

- This schedule includes salary and benefit expenses for personnel that are not involved in the provision of direct patient care. In addition, capital-



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related expenses, supplies, maintenance of facilities and other overhead expenses are reported on this schedule.

**Use the “Tab” key to scroll to the next input point. Point and click on the page number to move to the next page of this schedule.**

2010 – Officer/Owner Compensation: Report the amount earned by officers or owners, including gross wages, bonuses, and owner’s draw. Chief Executive Officers, Chief Financial Officers and Chief Operating Officers are not reported here unless these individuals are corporate officers (president, treasurer, or clerk) or owners. Benefits for these individuals should be reported on lines 2090, 2100 and 2110. Any person with an ownership interest of more than 5% is an "Owner" for the purposes of this report.

2020 – Administration Salaries: Report the gross wages and bonuses of senior administrative staff that do not have an ownership interest of 5% or more. Such staff includes, but is not limited to, Vice-Presidents (who are not corporate officers) and other Managers.

2030 – Board Directors’ Fees: Report any fees or expenses for individuals serving on the Board of Directors. Such fees include compensation for time, travel or other costs incurred.

2031- Parent/Management Company Allocation: List each personnel expense and the amount allocated to the agency from the parent/management company. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2032 – Other Administration Support Salaries: Report the gross wages and bonuses of staff that provide support to administration personnel. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2040 – Finance/Billing/Payroll/MIS/Intake: Report the gross wages and bonuses of staff whose primary duties involve billing and fiscal support activities.

2045 – Care Coordination: Report the gross wages and bonuses of staff whose primary duties involve coordinating or scheduling assignments of direct care staff.

2055 –Quality Improvement/Medical Records: Report the gross wages and bonuses of staff whose primary duties involve documenting and assessing patient care.

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2065 – Other Indirect Care Administrative Support Salaries: Report the gross wages and bonuses of staff that provide administrative support to direct and indirect care activities. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2071 Parent/Management Company Allocation: List each type of expense and the amount allocated to the agency from the parent/management company. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2079 and 2090 – Health/Life Benefits: Report the employer expenses for health, life or dental insurance for administration and indirect care employees.

2081 and 2140 – Workers' Compensation: Report the expense of workers' compensation insurance. Report only the amount related to administration and indirect care employees (i.e. an allocation may be necessary to apportion the cost among direct care, administration and indirect care staff).

2082 and 2210 Payroll Taxes: Report the employer expenses for payroll-related taxes including payments required under the Federal Insurance Contributions Act (FICA), and the Federal/State Unemployment Tax Acts (FUTA/SUTA). Penalties and interest for late payment of taxes are not allowable expense and should not be reported.

2083 and 2110 – Other Benefits: Report the expense of additional non-health, pension, or 401(k) benefits incurred for administration and indirect care employees. **NOTE: these tables expand to accommodate input of multiple entries. If you have no entries to make in these tables open them and click on the Not Applicable box.**

2084 and 2111- Parent/Management Company Allocation: List each type of fringe benefit and its amount allocated to the agency from the parent/management company. **NOTE: these tables expand to accommodate input of multiple entries. If you have no entries to make in these tables open them and click on the Not Applicable box.**

2135 – General and Building Insurance: Report the expense of property, general liability or other business-related insurance.

2160 – Malpractice Insurance: Report the expense of malpractice insurance if readily identifiable. If not readily identifiable include this expense in 2135.

2180 – Property taxes: Report federal, state, or local taxes for property used for business-related purposes. Examples include excise or other similar taxes paid

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on vehicles owned by the company. Penalties and interest for late payment of taxes are not allowable expenses and should be reported with the other business data.

2200 – Income taxes: Report federal, state, or local taxes on income earned from business-related activities. The State corporate excise tax should be included in account 2220. Penalties and interest for late payment of taxes are not allowable expenses and should be reported with the other business data.

2220 – Other Taxes: Report federal, state, or local taxes and fees that are not otherwise classified in accounts 2180 or 2200. Penalties and interest for late payment of taxes are not allowable expenses and should be reported with the other business data. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2270 – Interest Expense: Report interest on debt. Interest and penalties for late payment of any obligation are not allowable expenses and should be reported with the other business data.

2320 – Depreciation and Amortization: Agencies may report depreciation expense by amortizing the cost of an asset over its useful life. Depreciation expense is allowed based on generally accepted accounting principles using the straight line method, with useful lives and depreciation rates consistent with Medicare principles of reimbursement.

2350– Education and Training: Report the expenses for providing staff development, training and other professional education to other than direct care staff. Allowable costs include but are not limited to conference fees and tuition for specific job-related programs for staff. Travel expenses to conferences should be reported in account 2380.

2380 – Travel Expense: Report expenses incurred for other than direct care staff for travel to meetings and seminars. Allowable expenses include mileage, air/train transit and lodging.

2390 – Recruitment/Help Wanted Advertising: Report expenses incurred for recruiting employees and for help wanted advertising. Hiring bonuses should not be included in this line (report those bonuses as part of gross wages in the related salary account).

2400 – Promotional Advertising: Report expenses incurred for advertising that promotes the business. Such expenses include phone book, newspaper, and radio or television advertisements.

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2415 – Payroll/Accounting Service: Report expenses incurred for contracted payroll and bookkeeping/accounting services. Payroll and accounting software should be depreciated and reported in account 2320.

2430 – Legal Services: Report expenses incurred for contracted legal services and court filing fees.

2440 – Other Professional Consultant Fees: Report expenses incurred for other consultant fees whose services are not billable as direct care.

2450 – Rent: Report expenses incurred for rental of office space or equipment.

2460 – Utilities: Report expenses incurred for utilities, including heat, electricity, water, gas.

2480 – Telecommunications: Report expenses incurred for telephone service, DSL service, cable internet service and non-depreciable communication equipment.

2500 – Repairs and Maintenance: Report non-depreciable expenses incurred for repairs or maintenance to office facilities and equipment.

2510 – Licenses, Dues, Accreditation Fees: Report expenses incurred for dues to professional organizations, required licenses and accreditation fees.

2520 – Office Supplies, Postage, and Printing: Report expenses incurred for routine office supplies such as stationery.

2540 – Automobile Expenses: Report expenses incurred for business-related automobile expenses, such as maintenance and repairs.

2550 – Other Administrative: Report any other administrative expenses that could not be classified into other accounts on schedule 2. A description of each item must be provided, including dollar amounts for each listed category. Expenses claimed without an explanation may be disallowed. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

2560 – Interpreter Services: Report expenses incurred for providing interpreter services for home health patients. This entry may include salaries and benefits if your agency employs interpreters.

2570 – Security Escort Services: Report expenses incurred for providing security escorts for home health nurses, aides or therapists. This entry may include salaries if your agency employs escort personnel.

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2575 - Parent/Management Company Allocation: List each type of expense and the amount allocated to the agency from the parent/management company.

**NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

**Schedule 3: Bad Debt Write-offs**

**This schedule is accessible only to TNS providers.**

**You may use either the “Tab” or “Enter” keys to scroll among the cells on this schedule.**

Payer name: Report the name of the facility or organization that failed to remit payment.

City: Report the city where the client is located.

Total bad debt claimed: Report the total uncollected accounts receivable that have been written off as bad debts during the reporting year. Allowances, provisions or estimates of bad debt are not allowable. The bad debt must be related to a particular payer for a specific amount. To be claimed as a bad debt the agency must have initiated reasonable collection activities including multiple invoices and dunning calls. If the Division determines that reasonable collection efforts have not been made the amount will be disallowed. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

Less Recovery of Bad Debt Claimed in Prior Year: Report amounts that were reported as bad debt on the prior years’ cost report(s) that were collected in the reporting year.

**Schedule 4: Billed Hours**

**This schedule is accessible only to TNS providers.**

**You may use either the “Tab” or “Enter” key to scroll among the cells on this schedule, HOWEVER, use only the “Enter” key at the end of any row to navigate to the next input point.**

Schedule 4 includes the total number of hours billed to health care facilities by type of staff, region and facility type. Only agencies that provide temporary nursing services to health care facilities should complete this schedule. **NOTE: this table expands to accommodate input of multiple entries.**

Type of Staff: Select from the drop-down menu the applicable type of staff.

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Region: Select the region of the facility where the service was provided. The regions correspond to the Health Service Areas (HSA's) used in setting rates under 114.3 CMR 45.00: Temporary Nursing Services.

Hours: Report the total hours by shift billed for services provided. Include overtime hours in total hours.

**Schedule 5: Gross Revenue**

**HHA's that are unable to provide the level of detail requested on this schedule should use the "Total HHA revenue" staff type. You may use either the "Tab" or "Enter" key to scroll among the cells on this schedule, HOWEVER, use only the "Enter" key at the end of any row to navigate to the next input point.**

Schedule 5 includes total Gross Revenue (billed or pending charges) in the reporting period by type of staff and facility type, if applicable.

Type of Staff: Select from the drop-down menu the applicable type of staff.

Revenue: Report the total gross revenue by type of staff. Do not offset contractual discounts. The amounts reported on this schedule will be used to populate the gross revenue field (6010) on schedule 6.

Type of Program: Report the type of program by which this revenue was generated: temporary nursing, home health, or continuous nursing service.

**Summary of Expenses**

**Use the "Tab" key to scroll to the next input point.**

This schedule allocates the reported direct and indirect costs among programs (TNS, HHA, and PDN).

8. Staff training: Report any expenses for staff training other than salaries reported in Schedules 1 and 2. These expenses should include educational conference fees, speakers for internal training programs etc. These expenses will be added to direct care.

9. Medical Supplies and Drugs: Report expenses incurred for medical supplies and drugs used in the provision of patient care. Do not include in this amount items that may be billed separately under MassHealth program regulations. These expenses will be added to direct care.

11a. Bad Debt Expense: Input the provision for bad debts that was expensed in the reporting period and reflected in the financial statements.

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Total All Other Business: Input into this column all expenses for programs other than those reported in the body of the cost report AND any non-allowable expenses for reported programs in the appropriate row. All non-totaling rows are direct input.

**Schedule 6: Income Statement and Balance Sheet Data**

- This schedule includes common financial data as defined below. Agencies that have audited financial statements must be certain that these amounts match the audited financial statements or that a reconciliation of the differences accompanies the NSR report.

**Use the “Tab” key to scroll to the next input point. Point and click on the page number to navigate to the next page of this schedule.**

**PLEASE USE CAUTION WHILE NAVIGATING THROUGH THIS SCHEDULE. THE CURSOR MAY GO TO THE NEXT PAGE WHILE THE SCREEN WILL REMAIN THE SAME.**

**Income and Expense Data**

6020 – Discounts/Contractual Adjustments: Amounts discounted from full charges pursuant to contractual or other agreements.

6050 – Other income: Report other operating income generated from business operations of the programs for which data is being reported in the body of the report. Entries on this line include such items as medical record fees and interest income on operating funds. List the amount for each source of other income and provide an apt description. **NOTE: this table expands to accommodate input of multiple entries. If you have no entries to make in this table open it and click on the Not Applicable box.**

6065 – Total Income from Other Programs: Enter non-operating revenue and any revenue from those programs the data for which is not reported in the body of the report. Entries on this line include such items as investment income and income from clinics, a hospice or PCA program.

**Balance Sheet Data**

**HHA's that are departments of a larger organization and do not have a dedicated general ledger for the agency need not complete this page of the schedule.**

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6100 - Current Assets: Cash and other assets that the agency expects to liquidate within the next normal operating cycle. Current assets include cash, marketable securities, receivables and current pre-payments.

6110 - Fixed Assets: Assets of a relatively permanent nature held for long-term use and not expected to be liquidated within the next normal operating cycle.

6120 – Other Assets: Assets that are not appropriately classified under accounts 6100 or 6110.

6200 - Current Liabilities: Debts or obligations that will be satisfied within one year.

6210 – Long -Term Liabilities: Debts or obligations that will be paid over a period of time longer than one year (e.g. a mortgage).

6220 - Net Worth: Assets minus liabilities (e.g. owners' equity or fund balance).

### **Schedule 7: Related Party Disclosures**

- Any services provided by a related party, must be detailed on schedule 7. Not-for-profit parent organizations are not considered related parties for purposes of this schedule assuming that allocations of expenses made to the agency were premised on cost to the parent.

**You may use either the “Tab” or “Enter” key to scroll among the cells on this schedule. Using the “Tab” key at the end of the row will direct the cursor to the “Save Filing” button at the bottom left of the screen.**

Related Party: An individual or organization associated or affiliated with, or which has control of, or is controlled by the agency; or is related to the agency or any director, stockholder, trustee, partner or administrator of the agency by common ownership or control or in a manner specified in sections 267(b) and (c) of the Internal Revenue Code of 1954 as amended provided, however, that 10% is the operative factor as set out in sections 267(b) (2) and (3). Related individuals include spouses, parents, and children, spouses of children, grandchildren, siblings, fathers-in-law, mothers-in-law, brothers-in-law, and sisters-in-law.

Entity/Person: Report the name of the individual or organization that qualifies as a Related Party.

Goods/Services: Describe the goods and/or services provided by the Related Party.



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Markup: Report the difference between the agency's expense and the actual cost of the related party.

% Ownership: If the Related Party owns a share of the agency, report the percentage owned.

Billing/Compensation: Report the amount billed by the related party.

Costs of Goods/Services: Report the cost of the goods/services provided by the related party.

Expenses reported in Account?: Select the account in which the expenses for the goods/services from the related party are reported.

To edit a row double click on the row that you wish to change.

**Schedule 8: Statistics for PDN, HHA Programs**

This schedule summarizes statistics (visits, patients, hours) for home health and private duty nursing (continuous nursing services) programs.

**Use the "Tab" key to scroll to the next input point. Point and click on the page number to navigate to the next page of this schedule.**

Number of visits: Report the number of visits provided in the reporting years by staff and payer type.

Number of patients: Report the number of patients that received services in the reporting years by staff and payer type.

Unduplicated census: Report the total number of patients to whom visits were provided during the reporting period.

Hours of service: Report the hours of service provided in the reporting year by staff and type of hours. Direct care hours worked include hours provided in direct service to patients. Other Hours Worked are those that are not billable. Paid hours not worked include time for which the employee earned pay but did not work. Billable hours are total hours for direct care.

**Schedule 9: Other Business Information**

This schedule requires the agency to describe other business operations, relationships and allocation methods. Provide detailed information regarding each of these elements.

Commonwealth of Massachusetts  
Division of Health Care Finance and Policy  
2008 Nursing Services Cost Report Instructions

**Certification:**

The owner, partner or officer of the agency should read the paragraph regarding the accuracy of the report, list the owner, partner or officer's name and title on the designated lines, and then date it. If a person other than the owner, partner, or officer completes this report, the box with all of the preparer's required information must be completed in the same manner.

The Owner, Partner or Officer accepts the dating of the report and the submission of this data to the Division as certification under the pains and penalties of perjury.

The hard copy of this schedule is available from the Division or can be printed from the cost report.

The hardcopy of this schedule must be mailed or faxed to:

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
ATTN: Jessica McKeage, Intake